

We, \_\_\_\_\_, \_\_\_\_\_  
 (Print Name) (Identification Number)  
 hereby appoint \_\_\_\_\_  
 (Print Name) (Print Address) (Telephone Number)

(Please Print)

(Please Print)

(Please Print)

(Signature of or for holder(s)) \_\_\_\_\_ (Date) \_\_\_\_\_

(Signature) (Title, if applicable) (Date)

## POWER OF ATTORNEY FORM

### INSTRUCTIONS

This form should be executed by holder's representative and furnished to the Administrator, Unclaimed Property Administration, his representative, or agent prior to the examination of any books or records in connection with an unclaimed property audit.

When an examination of the books, records, papers, vouchers or accounts of a holder is conducted on the premises of an agent of the holder by the Administrator, Unclaimed Property Administration or by any employee thereof, the holder shall provide such agent evidence in writing that the agent is authorized to act on behalf of the holder in making any application, deposition, statement, or report required by the administrator in the administration of the unclaimed property law, and the agent shall produce such authorization to the representative of the State of New Jersey, Department of the Treasury, Unclaimed Property Administration.